May 30,2000

Cindy Mann, Director Family and Children's Health Programs Group Center for Medicaid and State Operations HHS/HCFA 7500 Security Boulevard Baltimore, Maryland 21244-1850

Dear Ms. Mann:

This letter is in response to your request of March 15, 2000, for additional information and clarification on three areas of our CHIP State Plan Amendment application dated January 19,2000.

SECTION 4 - ELIGIBILITY OF CHILDREN OF MUNICIPAL EMPLOYEES

<u>Bullet # 1:</u> Section 4, regarding the eligibility of children of municipal employees. We would like clarification on the definition of municipal employees, their relationship to coverage under the State Health Benefits Plan, and the level of premium contribution made by the municipality in accordance with the definition of targeted low-income children in Section 2110(b)(2)(B).

<u>Definition of Municipal Employee/Municipality</u>: A municipal employee is an active employee or elected official of a municipality receiving a regular salary or wage. A municipality is any town, city or borough, consolidated town and city or consolidated town and borough.

<u>State Health Benefits Plan</u>: Municipal employees are not entitled to benefits under the State Employees Health Benefits Plan.

Municipal Employees Health Insurance Program: In 1998, the Municipal Employees Health Insurance Program (MEHIP) was established to make affordable managed health insurance coverage available to all municipal employers and community action agencies regardless of size, location or other factors while providing some administrative savings through MEHIP for the municipality. The Comptrollers Office of the State of Connecticut sponsors the program. It is administered by Seabury & Smith, an MMC Company that is responsible for MEHIP sales, marketing, enrollment, billing and all customer service issues.

MEHIP is a unique program that allows each employee to select from four health plans in the state, Anthem Blue Cross & Blue Shield of Connecticut, ConnectiCare, MedSpan and Physicians Health Services. Each of the network health plans in the MEHIP offers a single, comparable set of benefits. A 50% minimum employer contribution is required, but higher percentages of employer contributions are encouraged. Employers can pay no more than 100% of employee premiums charged by the lowest cost plan available.

Thus, with the proposed amendment to the State Plan, we would treat municipal employees like other employees –their children could be eligible for HUSKY B if dependent health insurance coverage was terminated due to extreme economic hardship.

SECTION 8 - IMPLEMENTATION PLAN FOR AN/AI CHILDREN

<u>Bullet # 2</u>: Section 8, relating to the elimination of cost-sharing for AN/AI children. We would like further clarification regarding how this will be implemented in accordance with the requirements of Section 2102(b)(3)(D).

The Department of Social Services staff met with representatives of the Mashantucket Pequots and the Mohegans, the two federally recognized tribes within the State of Connecticut. The meetings were set up to inform them of the federal requirement to eliminate cost-sharing for AN/AI children in the HUSKY B program and to consult with them about the best way to implement the change. We discussed how tribal members could be identified and how best to communicate to providers the fact that these members should not be charged co-payments.

<u>Notification to the tribes:</u> Representatives of the Department of Social Services met with representatives of the Mashantucket Pequots and Mohegans and informed them of the federal requirement to eliminate cost-sharing for AN/AI children in HUSKYB.

Notification to existing enrollees: HUSKY B enrollees will be sent a notice informing them of the amendment and the date it will take effect. Additionally, we will require that MCO generated informational handouts, such as the member handbooks, inform all members of the AN/AI cost sharing exemption.

Notification to Managed Care Organizations (MCOs): The Department will notify the MCOs of the amendment and the date it will take effect. The Single Point of Entry Servicer, under contract with the Department to determine eligibility for HUSKY B applicants, will notify the MCO when a new enrollee is qualified for exemption from cost-sharing due to AN/AI status. The MCO will not charge the family for any partial premium payment and will issue the enrollee a membership card that specifies "noco-

payments."

Notification to providers: Although the MCOs have the responsibility to notify their providers/sub-contractors of this change prior to implementation and will be required to do **so**, the Department will also send a bulletin to all providers notifying them of this change. In addition, the MCOs will provide all AN/AI clients with membership cards stating "no co-payments." Currently, membership cards show the appropriate co-payment amounts.

<u>Identification</u>: The HUSKY application will be modified to ask if the child for whom application is made is a member of a federally recognized tribe. If the answer is "yes," the applicant will need to provide the name of the tribe and verification of membership. The Mashantucket Pequot and the Mohegan representatives were adamant that verification needed to be provided and both tribes offered to be available for additional verification as needed.

SECTION 9 - REVISED THREE YEAR PROJECTED BUDGET

Bullet # 3: Section 9 relating to the planned use of funds and sources of the non-Federal share of Title XXI expenditures. We would like a revised 3-year projected budget submission in accordance with the requirements of Section 2107(d).

For the three year projected budget, please see the attached page. We do not expect enrollment to significantly increase as a result of the eligibility changes.

If you would like additional information on this proposed amendment, please contact me at (860) 424-5116. Thank you.

Sincerely,

David Parrella
Director of Medical Care Administration

Enclosure: CHIP Budget Plan

cc: Patricia Wilson-Coker, Commissioner

Michael Starkowski, Deputy Commissioner Rita Pacheco, Deputy Commissioner Marc Ryan, Secretary, Office of Policy and Management Linda J. Mead, HUSKY B Program Manager Ronald Preston, Associate Regional Administrator, HCFA Region I Pamela Forton, Project Officer for Connecticut's Title XXI Proposal

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CHIP Budget Plan - Includes Enhanced HL	JSKY A & HUSKY B					
	FFY 2000		FFY 2001		FFY 2002	
Benefit Costs	Tot. Comp.	FFP	Tot. Comp.	FFP	Tot. Comp.	FFP
Managed Care	17,351,100	11,278,215	17,809,675	11,576,289	16,907,133	10,989,63
Fee For Service	982,967	638,929	600,000	390,000		
Total Benefit Costs	18,334,067	11,917,144	18,409,675	11,966,289	16,907,133	10,989,63
Administrative Costs						
Personnel	378,117	245,776	204,000	132,600	204,000	132,60
Systems	111,211	72,287	60,000	39.000	60,000	39,00
Enrollment Broker	44,484	28,915	24,000	15,600	24,000	15,60
Claims Processing	189,059	122,888	102,000	66,300	102,000	66,30
General Administration	389,239	253,005	210,000	136,500	210,000	136,50
Total Admin	1,112,110	722,872	600,000	390,000	600,000	390.00
TOTAL AUTHOR	1,112,119	122,012		330,000	330,300	
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TOTAL PROGRAMCOSTS	19,446,177	12,640,01	19,009,675	12,356,284	17,507,134	11,379,63
Note Benefit Costs decrease in FEY's 200	01 and 2002 are due to Enha	nced HUSKY A Jig	ntsagi_^			and the state of t
off the enhanced match into regular Medic	aid.	GRE				
Adminstrative Costs decrease from the FF	Y 2000 totals are due to retr	oactive processing o	f FFY's 1998, and 1999 claims.			***************************************
The source for non-federal dollars is the st	ate General Fund.					
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Outreach and Marketing administrative exp	enditures are claimed under	Medicaid PRWORA				